

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 07/11/2018 1800  | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC18020173/E4 | SAS e-filing                             |                       |               |
| Veh No: GBF7002T          | E-mail (within 8hrs, AIC 2hrs)           |                       |               |
| D.O.A: 05/11/2018 N:45    | i-Motor Claim Form                       | MT/1018836-001        | 8/11/18 11:10 |
| OD (TP) Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
| TP Insurer:               | i-Photo Uploaded                         |                       |               |
|                           | Assessment/Survey Report                 |                       |               |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |               |

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GBB1058.T INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

| Remarks:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1807190

| Client's Particulars :-         | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
|---------------------------------|---|-----------------------|-----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                       |                       |
| Auditors' Comments :-           | 5) RT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| Est. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |                       |                       |
| Est. 2/3:                       | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | OD*   |                       |                       |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                       |                       |
|                                 | 9) N12: Idac Mobile 30                          |                       |                       |
|                                 | Invoice dated                                   | Fee Charged           |                       |

NA1807190

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |  |
|----------------------------|--|
| Date Of Report             | 07/11/2018 18:00                                   |
| Date Of Accident           | 05/11/2018 11:45                                   |
| Exact Location Of Accident | SLIP RD /BALESTIER /CTE(AYE) INFR CEYLONSPORTSCLUB |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBF7002T                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | YES CAR LEASING PTE. LTD. |
| Co Reg No                   | 201426231K                |
| Email Address               | NOEMAIL                   |
| Mobile Phone No             | (LOCAL) +65-83001201      |
| Alternative Phone No        | OFFICE-62584155           |

### Vehicle Particulars

|  |                                    |
|--|------------------------------------|
| Manufacturer   | NISSAN                             |
| Model  | NV350 PANEL VAN 2.5 5AT 5DR EURO V |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                               |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                 |
| If No, Please state action to be taken                                       | THIRD PARTY                        |
| Vehicle Category   | COMMERCIAL VEHICLE                 |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5087177709-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | KANG ENG HENG         |
| NRIC No              | S6842357J             |
| Date Of Birth        | 02/11/1968            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 28/02/2008            |
| Driving Experience   | 10 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-83001201  |
| Fax Number           |                       |
| Contact Number       | OTHERS-83001201       |
| EMail Address        | NOEMAIL               |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 104 JALAN BUKIT MERAH<br>#06-1988 |
| Postcode  | 160104                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | OTHER - RENTAL                        |
| Vehicle Registration Number of Driver's Own Vehicle | -                                     |
|   | -                                     |
|   | -                                     |
| Insurance Company of Driver's Own Vehicle           | -                                     |
|   | -                                     |
|   | -                                     |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                    |
|-------------------------------------|--------------------|
| Vehicle Registration Number         | GBB1058T           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

#### DETAILS OF INJURED PERSON 1

|      |               |
|------|---------------|
| Name | KANG ENG HENG |
|------|---------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

GBF7002T

YES

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

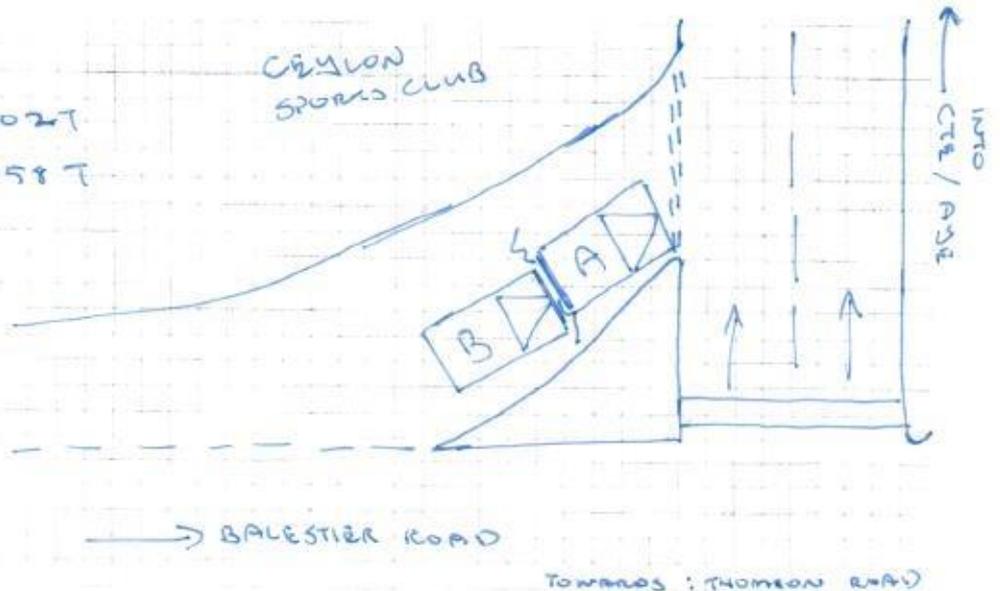
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

7/11/2018

**SKETCH PLAN**

VEHICLE A - GBF 7002 T

VEHICLE B - GBB 1058 T



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

MY CAR WAS STATIONARY AT THE CUT-IN LINE AT THE SLIP ROAD OF A SINGLE LANE SINGLE CARRIAGE WAY, MERGING INTO CUT-IN LINE. (IN FRONT OF CEYLON SPORTS CLUB)

WHILE I WAS STATIONARY GIVING WAY TO THE ON-COMING VEHICLE. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE, AND REALIZED IT WAS A VEHICLE WITH CAR PLATE NUMBER (GBB 1058 T) THAT COLLIDED TO THE REAR OF MY VEHICLE WHEN I'M IN A STATIONARY POSITION AT THE SLIP ROAD CUT-IN LINE.

VEHICLE A - GBF 7002 T  
VEHICLE B - GBB 1058 T

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature:  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

7/11/2018

|   |   |                          |                                   |
|---|---|--------------------------|-----------------------------------|
| <b>Vehicle No.</b>  | G8F 7002 T  | <b>Model / Make</b>      | MS20V NU 350                      |
| <b>Date of Accident</b>   | 05 / 11 / 2017                                      |                          |                                   |
| <b>Time of Accident</b>   | 11 45   | <b>HRS</b>               |                                   |
| <b>Location of Accident</b>   | SLIP ROAD FROM SALESTIER INTO (TRAYE) INFANT        |                          |                                   |
| <b>Exact purpose use during accident</b>  | WORKING HOUR  |                          | CEYLON SPORTS CLUB                |
| <b>Name of Owner</b>  | MS CAR LEASING PTE LTD                              |                          |                                   |
| <b>Telephone No.</b>  | <b>H/P :</b>  | <b>Home :</b>            | <b>Office :</b> 62584155          |
| <b>NRIC</b>   | A 201426231K  |                          |                                   |
| <b>Address</b>  | 210 TURF CLUB RD LOT #1321 THE GRANDSTAND S(287995) |                          |                                   |
| <b>Claim type</b>   | <b>OD</b>   | <b>THIRD PARTY</b>       | <b>REPORTING ONLY</b>             |
| <b>Insurance Company</b>  | NMC   |                          |                                   |
| <b>Type of Coverage</b>   | <b>Comprehensive</b>                                | <b>Third Party</b>       | <b>Third Party / Fire / Theft</b> |
| <b>Policy No.</b>   | 5087177709-02                                       |                          |                                   |
| <b>Name of Driver</b>   | As Above If (No) KANK ENH HENK                      |                          |                                   |
| <b>NRIC</b>   | S 684257 J  | <b>Any Passengers :</b>  | NIL                               |
| <b>Date of birth</b>  | 02 / 11 / 1968                                      |                          |                                   |
| <b>Occupation</b>   | <b>Outdoor</b>                                      | <b>/</b>                 | <b>Indoor</b>                     |
| <b>Driving License Pass Date</b>  | 28 FEB 2009   |                          |                                   |
| <b>Gender</b>   | <b>Male</b>   | <b>/</b>                 | <b>Female</b>                     |
| <b>Contact No.</b>  | <b>H/P :</b> 8300 1201                              | <b>Home :</b>            | <b>Office :</b>                   |
| <b>Address</b>  | BLK 104 JALAN BUKIT MERAH #06-1988 S(160104)        |                          |                                   |
| <b>Driver have any own vehicle</b>  | <b>No,</b>  | <b>If yes, Reg No.</b>   |                                   |
| <b>Relationship</b>   | <b>Employee,</b>                                    | <b>If no, state</b>      | RENTAL / LEASING                  |
| <b>Weather condition</b>  | <b>Clear</b>  | <b>Raining</b>           | <b>Other</b>                      |
| <b>Road Surface</b>   | <b>Dry</b>  | <b>Wet</b>               | <b>Other</b>                      |
| <b>Any Injuries</b>   | <b>No,</b>  | <b>If Yes, Who?</b>      |                                   |
| <b>Name And Contact No.</b>   | KANK ENH HENK, 8300 1201                            |                          |                                   |
| <b>Name And Contact No.</b>   |   |                          |                                   |
| <b>Police Report</b>  | <b>No,</b>  | <b>If Yes, Where?</b>    |                                   |
| <b>Vehicle B No.</b>  | G8B 1058 T  | <b>Any Passengers :</b>  |                                   |
| <b>Name of Driver</b>   |   | <b>Contact No. :</b>     |                                   |
| <b>Vehicle C No.</b>  |   | <b>Any Passengers :</b>  |                                   |
| <b>Vehicle D No.</b>  |   | <b>Any Passengers :</b>  |                                   |
| <b>Vehicle E no.</b>  |   | <b>Any Passengers :</b>  |                                   |
| <b>Vehicle F No.</b>  |   | <b>Any Passengers :</b>  |                                   |
| <b>Vehicle G No.</b>  |   | <b>Any Passengers :</b>  |                                   |
| <b>Witness Name</b>   |   | <b>Witness Contact :</b> |                                   |
| <b>Accident Portion</b>   | REAR  |                          |                                   |
| <b>Camera Recorder</b>  | Yes / (No)  |                          |                                   |
| <b>Email Address</b>  |   |                          |                                   |
| <b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b> |   |                          |                                   |
|   |   | Yes / No                 |                                   |
| <b>PARTICULAR WORKSHOP</b>  | N-51 AUTOMOTIVE PTE LTD                             |                          |                                   |
| <b>CONTACT NO.</b>  | 6842 0051 / 6744 0510                               |                          |                                   |
| <b>CONTACT PERSON</b>   | IAN   |                          |                                   |
| <b>FAX NO</b>   | 6741 0510   |                          |                                   |
| <b>WORKSHOP EMAIL ADDRESS</b>   | SALES@N51.COM.SG                                    |                          |                                   |

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6842357J



Name  
**KANG ENG HENG**

江 荣 兴

Race  
CHINESE

Date of birth  
02-11-1968

Sex  
M

Country of birth  
SINGAPORE

S6842357J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6842357J

Name:

**KANG ENG HENG**

Birth Date: 02 Nov 1968

Issue Date: 28 Feb 2008



4900727

NRIC No. S6842357J



Date of issue  
11-10-2012

APT BLK 104 JALAN BUKIT MERAH #06-1988  
SINGAPORE 160104  
NRIC No: S6842357J Date: 14/03/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3800kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE

28 Feb 2008

NP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5087177709-02

**Cover :** Comprehensive

- |  |                             |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle   | : GBF7002T                  |
| Chassis Number   | : JN1MC2E26Z0007746         |
| 2. Name of Policyholder  | : YES CAR LEASING PTE. LTD. |
| 3. Effective Date of Insurance   | : 08 Sep 2018               |
| 4. Expiry Date of Insurance  | : 07 Sep 2019               |
| 5. Persons or Classes of Persons entitled to drive#  |                             |
| (a) The Policyholder.  |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                             |
| 6. Limitations as to Use#  |                             |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.   |                             |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                             |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                       |   |
|-----------------------|---|
| EXCESS (SECTION 1)    | : S\$2,000  |
| EXCESS (SECTION 2)    | : S\$1,500  |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : SING INVESTMENTS & FINANCE LTD                  |
| SUM INSURED           | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)  
 Date of Issue : 07 Sep 2018 18:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

|                        |                                       |                    |   |
|------------------------|---------------------------------------|--------------------|---|
| Policy No.             | <input type="text"/>                  | Date of Accident   | <input type="text" value="05/11/2018 11:45"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBF7002T"/> | Certificate Number | <input type="text"/>                          |

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name         | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|---------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5087177709-02 |                    | YES CAR LEASING PTE. LTD. | 201426231K        | GFT     | Comprehensive | GBF7002T    | GBF7002T       | 08/09/2018    |             |

Continue

▼ **Policy Information**

|                             |  |                             |                           |                   |                  |
|-----------------------------|--|-----------------------------|---------------------------|-------------------|------------------|
| Policy No.                  | 5087177709-02                                | Policyholder Name           | YES CAR LEASING PTE. LTD. | Policyholder NRIC | 201426231K       |
| Certificate No.             |  |                             |                           |                   |                  |
| Address                     | 210 TURF CLUB ROAD #LOT-B21 SINGAPORE 287995 |                             |                           |                   |                  |
| Product Name                | FLEET INSURANCE                              | Plan                        |                           | Group Policy Flag | N                |
| Policy issue Date           | 07/09/2018                                   | Effective Date              | 08/09/2018 00:00          | Expiry Date       | 07/09/2019 23:59 |
| Third Party Excess          | 1500.00                                      | Own damage Excess           | 2000.00                   | Windscreen Excess | 100.00           |
| Additional Excess           |  | OS Premium                  | 0                         |                   |                  |
| Outside Singapore OD Excess |  | Outside Singapore TP Excess |                           |                   |                  |
| Agent                       | LQ INSURANCE AGENCY PTE LTI                  | Agent Tel.                  | 63340783                  | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                           |                   |                  |
| Open Policy Info            |  |                             |                           |                   |                  |
| Certificate Info            |  |                             |                           |                   |                  |

▼ **Policyholder Mailing Address**

|           |                    |                       |                   |           |                  |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 210 TURF CLUB ROAD | Address 2             | #LOT-B21          | Address 3 | SINGAPORE 287995 |
| Address 4 |                    | Address Type          | Singapore address | Post Code | 287995           |
| Unit No.  | LOT-B21            | Related Policy Number | 5067647906-04     |           |                  |

▶ **Insured Object: GBF7002T**

▼ **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1        | 24/09/2018 00:00    | Basic Information Endorsement | 000001286916012    | Endorsement Take Effective | Reword Memo A & B  |
| 2        | 24/09/2018 00:00    | Basic Information Endorsement | 000001286908142    | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JN1MC2E26Z0030474 01-10-2018 \$1,959.50 In view of this amendment, an additional premium of \$1,959.50(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. |

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1018836

|  |  |                                |  |                       |  |
|--|--|--------------------------------|--|-----------------------|--|
| Policy No.:                              | 5067177709-02                                      | Vehicle No.:                   | GBF7002T   | GST Registration No.: |  |
| Certificate No.:                         |  |                                |  |                       |  |
| Policyholder Name:                       | YES CAR LEASING PTE. LTD.                          |                                |  | Policyholder NRIC:    |  |
| Product Code:                            | FLEET INSURANCE                                    | Cover Type:                    | Comprehensive                                      | Loading:              |  |
| Contact No.(Mobile):                     | 83001201   | Contact No.(Office):           | 0  | Contact No.(Home):    |  |
| Email Address:                           |  | Special Remark:                |  | eCode:                |  |
| KFK:                                     | <input type="radio"/> No <input type="radio"/> Yes | TCA:                           | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason:         |  |
| NCD Protection:                          | No   | NCD Entitlement(%):            | 0  | Private Hire:         |  |
| <b>Accident Details</b>                  |  |                                |  |                       |  |
| Report Date:                             | 06/11/2018 11:03                                   | Accident Report Within 24 hrs: | Yes  | Accident Type:        |  |
| Date of Accident:                        | 05/11/2018   | Time of Accident hh:mm:        | 11:45  | Country of Accident:  |  |
| Reporting Centre:                        |  | Orange Force:                  |  | ICM No.:              |  |
| Accident Location:                       | SLIP RD /BALESTIER /CTE(AYE) INFR CEYLONSPORTSCLUB |                                |  |                       |  |
| <b>Excess</b>                            |  |                                |  |                       |  |
| Own damage Excess:                       | 2,000.00   | Additional Excess:             |  | Windscreen Excess:    |  |
| Unnamed Driver Excess:                   |  | Outside Singapore OD Excess:   |  |                       |  |
| Third Party Excess:                      | 1,500.00   | Outside Singapore TP Excess:   |  |                       |  |
| <b>Benefits</b>                          |  |                                |  |                       |  |
| <b>GST Registered Information</b>        |  |                                |  |                       |  |
| GST Registered:                          | No   | GST Registration Date:         |  |                       |  |
| GST Registration No.:                    |  | GST Status Verified:           |  | No                    |  |
| Modification History                     |  |                                |  |                       |  |
| <b>Policyholder Mailing Address</b>      |  |                                |  |                       |  |
| Address 1:                               | 210 TURF CLUB ROAD                                 | Address 2:                     | #LOT-B21   | Address 3:            |  |
| Address 4:                               |  | Address Type:                  | Singapore address                                  | Post Code:            |  |
| Unit No.:                                | LOT-B21  | Related Policy Number:         | 5067647906-04                                      |                       |  |
| <b>OI Driver Info</b>                    |  |                                |  |                       |  |
| Driver Name:                             | Unnamed Driver                                     | Driver Type:                   | Unnamed Driver                                     |                       |  |
| Unnamed driver Name:                     | KANG ENG HENG                                      | Driver NRIC:                   | S6842357J  | Driver DOB:           |  |
| Register Date of Driver License:         | 28/02/2008   | Driver Age:                    | 50   | Driving Experience:   |  |
| Contact No.(Mobile):                     | 83001201   | Contact No.(Office):           | 0  | Contact No.(Home):    |  |
| Address 1:                               | BLK 104 #  | Address 2:                     | JALAN BUKIT MERAH                                  | Address 3:            |  |
| Address 4:                               | SINGAPORE 160104                                   | Address Type:                  | Singapore address                                  | Post Code:            |  |
| Unit No.:                                |  |                                |  |                       |  |
| Does he own a Singapore Registered car?: | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No.:            |  | Driver Insurer Com.:  |  |
| Declaration                              |  |                                |  |                       |  |
| Breathalyser or Blood Test Reading?:     | 0 mg   | Any injury?:                   | <input type="radio"/> Yes <input type="radio"/> No |                       |  |
| Modification History                     |  |                                |  |                       |  |

Claim 001 OD-MX

New

|                        |                                   |                         |                                  |
|------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type *           | OD-MX                             | Insured Name            | YES CA                           |
| Contact No.(Mobile)    |                                   | Contact No. (Home)      | 646351                           |
| Email Address          |                                   | OI Vehicle Number       | GBF70C                           |
| Claim Description      | GBF7002T / GBB1058T ON 5 Nov 2018 |                         |                                  |
| Preferred Workshop     |                                   | Insured Liability       | Not at Fault                     |
| START No. Finalisation | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered        | 08/11/2018 11:10                  | GIA report              | Received                         |
| Report Taken By        |                                   | Claim Close Date        |                                  |
|                        |                                   | Workshop Repairer       |                                  |

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**Attachment**

Accident No. MT/1018836 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 08/11/2018 11:10

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| Path *                | Category *    | Confidential |
|-----------------------|---------------|--------------|
| <a href="#">Clear</a> | Please Select | NO           |
| <a href="#">Clear</a> | Please Select | NO           |
| <a href="#">Clear</a> | Please Select | NO           |
| <a href="#">Clear</a> | Please Select | NO           |
| <a href="#">Clear</a> | Please Select | NO           |
| <a href="#">Clear</a> | Please Select | NO           |

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|---|--|-----------------------|---------|-----------------|
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|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:09 | SAS                   | Normal  | SAS 2           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2018 11:08 | Photos                | Normal  | Photos          |

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